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FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB APPROVAL OMB Number: 3235-0076 Expires: April 30,2008 Estimated average burden hours per response.....16.00

SEC USE ONLY

DATE RÉCEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR FORM LIMITED OFFERING EXEMPTIO

UNIFORM LIMITED OFF	ERING EXEMI	PTION L	
Name of Offering (check if this is an amendment and name has changed, an	d indicate change.)		SECENEL
Offering of Preferred Membership Interests in RENOLA Equity Fund I, I	LC		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule Type of Filing: New Filing Amendment	e 506 Section 4(6)	☐ ULOE	NOV 0 & 2007
A. BASIC IDENTIFIC	ATION DATA		
Enter the information requested about the issuer			- Z00/S
Name of Issuer (check if this is an amendment and name has changed, and in RENOLA Equity Fund I, LLC	dicate change.)	•	
Address of Executive Offices (Number and Street, O	City, State, Zip Code)	-	Number (Including Area Code)
2445 Alpine Bvd., Alpine, CA 91901		(619) 445-13	53
Address of Principal Business Operations (Number and Street, (if different from Executive Offices)	City, State, Zip Code)	Telephone	Number (Including Area Code)
Brief Description of Business		· · · · · · · · · · · · · · · · · · ·	<u> </u>
Real Estate Investment		4	
Type of Business Organization			
corporation limited partnership, already formed limited partnership, to be formed	✓ other (p limited liabili	lease specify) y company	
Month Year Actual or Estimated Date of Incorporation or Organization: 013 017 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service)	Actual Estin		07082917
CN for Canada; FN for other fore			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Promoter General and/or Check Box(es) that Apply: ☐ Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Castellaw Investment Groups, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 2445 Alpine Blvd, Alpine, CA 91901 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Castellaw, Jeff Business or Residence Address (Number and Street, City, State, Zip Code) 2445 Alpine Blvd., Alpine, CA 91901 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General and/or ☐ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner Promoter Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

				B. II	NFORMAT	ION ABOU	T OFFERI	NG				
1. Has the	e issuer solo	i, or does th									Yes	No
A 1155					Appendix.		_				£ 25.	00.00
2. What i	s the minim	um investn	ent that w	ill be acce	pted from a	any individ	ua!?	•••••	•••••••		Yes	No
	he offering										R	
commi If a per or state	the informations in the second or simmers on to be listed the national or dealer.	ilar remune ted is an ass ame of the b	ration for s sociated pe roker or de	solicitation erson or age ealer. If me	of purchase ent of a broker ore than five	ers in conno cer or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering. with a state		
Full Name	(Last name	first, if ind	ividual)									
Business or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	(ip Code)			· · · · · · · · · · · · · · · · · · ·			
Name of As	ssociated Br	oker or De	aler		•				-			
States in W	hich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers		···				
(Check	c "All States	s" or check	individual	States)		••••				***************************************	☐ Al	1 States
AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Full Name	(Last name	first, if ind	ividual)				·					
Business o	r Residence	Address (i	Number an	d Street, C	City, State,	Zip Code)						
Name of A	ssociated B	roker or De	aler								~	
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	c "All State:	s" or check	individual	States)		.,,		***************************************	**************		☐ AI	l States
AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of As	ssociated B	roker or De	aler						· ·			· · · · · · · · · · · · · · · · · · ·
States in W	hich Persor	Listed Ha	Solicited	or Intends	to Solicit	Purchasers			· · · · · · · · · · · · · · · · · · ·			
(Check	"All States	s" or check	individual	States)	***************************************		•••••	••••••		***************************************	☐ Ai	l States
AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s 0.00	s 0.00
	Equity		
	☐ Common ☐ Preferred	-	
	Convertible Securities (including warrants)	s 0.00	0.00 \$
	Partnership Interests		\$ 0.00
	Other (Specify)		\$ 0.00
	Total	\$ 3,000,000.00	.
	Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	· *
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of Purchases
	Accredited Investors	9	\$ 750,000.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix, Column 4, if filing under ULOE.		•
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
		0	\$ 0.00
	Regulation A	0	\$ 0.00
	Rule 504	0	\$ 0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		V
	Transfer Agent's Fees		\$_360,000.00
	Printing and Engraving Costs	_	\$ 10,000.00
	Legal Fees	191	\$ 10,000.00
	Accounting Fees		\$ 10,000.00
	Engincering Fees	_	\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)	_	\$ 0.00
	Total		\$ 390,000.00

	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	Question 4.a. This difference is the "adjuste	d gross	\$2,610,000.00
	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estima f the payments listed must equal the adjusted	ite and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$_0.00	<u> </u>
	Purchase of real estate		<u>\$</u> 0.00	\$ 0.00
	Purchase, rental or leasing and installation of made and equipment	chinery	s_0.00	ss
	Construction or leasing of plant buildings and fac	ilities	[] \$ 0.00	© \$ 0.00
	Acquisition of other businesses (including the val offering that may be used in exchange for the asso issuer pursuant to a merger)	ets or securities of another		s_0.00
	Repayment of indebtedness			\$ 0.00
	Working capital		\$ 0.00	s0.00
	Other (specify): Down payment, reserves, insur	rance, loan, title and escrow costs	\$_0.00	\$ 2,610,000.00
			[] \$_0.00	\$0.00
	Column Totals	······································	\$ 0.00	\$ 2,610,000.00
	Total Payments Listed (column totals added)		<u>s 2</u>	,610,000.00
		D. FEDERAL SIGNATURE		
ig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange C	Commission, upon writte	
SSI	uer (Print or Type)	Signature	Date (°/	./.
₹E	ENOLA Equity Fund I, LLC		/23	1.7
ia	me of Signer (Print or Type)	Title of Signer (Print or Type)	HEN CASTEL	LIW
eff	Castellaw	President, Castellaw Investment Group	/ //	• •

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification Yes No provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by th issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	uer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigne
	athorized person.
duly au	
luly au	athorized person.
luly au ssucr (RENOL	(Print or Type) Signature

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

5 3 4 1 2 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State waiver granted) investors in State (Part E-Item 1) (Part C-Item 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors Amount Yes No AL ΑK AZAR Preferred Membership Interests - 13,000,000 ÇA 9 X \$750,000.00 CO CT DE DC FL GA HI ID ILIN IA KS ΚY LA ME MD MA ΜI MN MS

APPENDIX

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APPENDIX

1		2	3		5 Disqualification					
	to non-a	d to sell accredited is in State a-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	ite Yes No			Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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				APP	ENDIX					
1		2	3		4					
	to non-a	d to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification of the Clark o	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY		!								
PR										

END